



500687

ATSDR Record of Activity

UID #: R L W ODate: 8 / 23 / 93Time: 2:00am pmSite Name: Ottawa City: Ottawa Cnty: LaSalle State: Il.CERCLIS #: none Cost Recovery #: unknown Region: 5Site Status (1) NPL Non-NPL RCRA Non-Site specific Federal
(2) Emergency Response Remedial Other

Activities

<input type="checkbox"/> Incoming Call	<input type="checkbox"/> Public Meeting*	<input type="checkbox"/> Health Consult*	<input type="checkbox"/> Site Visit*
<input type="checkbox"/> Outgoing Call	<input type="checkbox"/> Other Meeting	<input type="checkbox"/> Health Referral	<input type="checkbox"/> Info Provided
<input type="checkbox"/> Conference Call	<input type="checkbox"/> Data Review	<input type="checkbox"/> Written Response	<input type="checkbox"/> Training
<input type="checkbox"/> Incoming Mail			<input type="checkbox"/> Other

Requestor and Affiliation: (1) Verneta SimonPhone: (404) 886-3601 Address: 77 Jackson Blvd.City: Chicago State: Il. Zip Code: 60604

Contacts and Affiliation

1-EPA	2-USCG	3-OTHER FED	4-STATE ENV	5-STATE HLT
6-COUNTY HLTH	7-CITY HLTH	8-HOSPITAL	9-LAW ENFORCE	10-FIRE DEPT
11-POISON CTR	12-PRIV CITZ	13-OTHER	14-UNKNOWN	15-DOD
16-DOE	17-NOAA	18-OTHR STATE	19-OTHR COUNTY	20-OTHR CITY
21-INTL	22-CITZ GROUP	23-ELECT. OFF	24-PRIV. CO	25-NEWS MEDIA
26-ARMY	27-NAVY	28-AIR FORCE	29-DEF LOG AGCY	30-NRC
31-ATSDR				

Program Areas

<input type="checkbox"/> Health Assessment	<input type="checkbox"/> Health Studies	<input type="checkbox"/> Tox Info-profile	<input type="checkbox"/> Worker Hlth
<input type="checkbox"/> Petition Assessment	<input type="checkbox"/> Health Surveillnc	<input type="checkbox"/> Tox Info-Nonprofil	<input type="checkbox"/> Admin
<input type="checkbox"/> Emergency Response	<input type="checkbox"/> Disease Registry	<input type="checkbox"/> Subst-Spec Resch	<input type="checkbox"/> Other
<input type="checkbox"/> Health Consultation	<input type="checkbox"/> Exposr Registry	<input type="checkbox"/> Health Education	

Narrative Summary: Verneta, according to the La Salle County Registrars Office Ms. Mola Anderson died from myocardial infarction, coronary artery disease and arteriosclerosis.

Action Required/Recommendations/Info Provided:Signature: Robert Williams Date: 8-23-93

cc: Louise Fabinski

Enclosures: Yes () No (X); MIS entered: Yes () No (X)